

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90111 004 \*\*\*158.75

DOCUMENT # P97000040940

1. Corporation Name  
CAPTIVA RENDEZVOUS, INC.

Principal Place of Business

11509 ANDY ROSSE LN  
CAPTIVA FL 33924

Mailing Address

P O BOX 1218  
SANIBEL FL 33957  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

65-0753955

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

RIVAIT, WIL  
11509 ANDY ROSSE LN  
CAPTIVA FL 33924

10. Name and Address of New Registered Agent

81 Name

RIVAIT, WIL

82 Street Address (P.O. Box Number is Not Acceptable)

15838 SILVERADO CT.

83

84 City

FORT MYERS

FL

85 Zip Code

33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE WIL RIVAIT - PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

(ADDRESS CHANGE)

4/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME RIVAIT, WIL  
STREET ADDRESS 15838 SILVERADO CT  
CITY-ST-ZIP FT MYERS FL 33908

TITLE V ☐ DELETE

NAME ACOVSKI, MIKE  
STREET ADDRESS 9171 BUTTERFLY CT  
CITY-ST-ZIP FT MYERS FL 33908

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ACOFSKI, MIKE  
19185 PINE RUN LANE  
FORT MYERS, FLORIDA 33912

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RIVAIT

4/21/99

Date

941-395-1677

Daytime Phone #

CR2E034 (1/198)